Case:17-03283-LTS Doc#:17957-1 Filed:08/24/21 Entered:08/24/21 09:19:55 Desc Pro se Notices of Participation Page 1 of 28

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Maritza Castro Rivera
Participant's Address: PO. Box 1096 Arrayo, P.R. 00714
Participant's Email Address: maracastro 97 Qyahoo com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LTS
Nature of Claim: Intent to participate in Discovery for
By: Wante Casto R Commonwealth Plan Contirmation, in I'm re Commonwealth of Puerto Rico
Signature
Maritza Casta Rivera
Print Name
Title (if Participant is not an individual)
08-16-201
Date

MARIUTTA CASTRO PLIVERA MARDYO P.Q. 60714 DO BOX 1096

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Participant must provide all of the information below in English:

1.	if any:		, including email ac		
Participant's	Name:	EdgaRo	10 Roch	e TORK	Les Rocio A6 Auco Puerto Ric 06698
Participant's	Address:	Bo+ 10	418 - Sec	+02 EL1	ROCIOA6 Auco Puerto Ric
Participant's	Email Address:	alm 4 ciqua	6 & 6 MAIL. (on/	06698
Name of Cou	unsel:				# 1 m
Address of C	Counsel:				£ = 1
Email Addre	ess of Counsel:				
2.	Participant's C	Claim number and t	he nature of Partic	ipant's Claim:	
Claim Numb	er:	1103	48		3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
Nature of Cla	aim:	Non-pa	id step	2	
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Title	(if Participant is	not an individual)			€ 29 P
8/,	19/2021				
Date					

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United State District Court

Case:17-03283-LTS Doc#:17957-1 Filed:08/24/21 Entered:08/24/21 09:19:55 Desc Pro se Notices of Participation Page 5 of 28

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	Evelyn De Je	esis Car	eille	
Participant's Address:	Evelyn De Je URB. Sontrago I	glesias 17	The off. Pi	110+ Garag
Participant's Email Address	: evelyn. d. Carri	110 0 gms	ail. com	
Name of Counsel:				
Address of Counsel:				
Email Address of Counsel:	E × 1 as			
2. Participant's	Claim number and the natur	re of Participan	t's Claim:	
Claim Number:	168160			
Nature of Claim:	SA/Arius 1	mpagos	geri si Prisan di 1876, comm	702 202
- J	usia"		SALESTEE A	CEIVED
Signature 0	- C110			ED &
Evelyn De Print Name	Jesis Capeille		223	2 5
			ART I	6
Title (if Participant	is not an individual)			
8/18/202				
Date				

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SLLENGS OFFICE SAN JUAN, PROPERTY COMPANY

United States District Gurt
Clerks Office
150 Ave. Carlos Chaden Ste. 150
San Juan, PR 00918-1767



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

U.S. DISTERNATION SAN JUAM, P.R

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:				
Participant's Name:	Luis A. Ce	rvasquillo	Maldona	do
Participant's Address:	P. D BOX	181 Come	00	08782
Participant's Email Address:	papo-a de	notmail.	com	
Name of Counsel:				
Address of Counsel:				
Email Address of Counsel:	E.			
Print Name	arrasquillo oyer claim	lands	Payric, Law Law 164.2	NECEIVED & FILL
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Office, 450 Ave. 1 Chardon Ste. 23 San Juan, P.R. 00918-1117



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Case:17-03283-LTS Doc#:17957-1 Filed:08/24/21 Entered:08/24/21 09:19:55 Desc Pro se Notices of Participation Page 11 of 28

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Diana M. Guzman Ancho Participant's Name: 25 Calle Malaqueta Usb 3t Teabel P. P. odgo Participant's Address: Participant's Email Address: Lygna 210310 hatmail. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Public Employee and Pension Retines C Nature of Claim:



Diana Guzman Urb Las 3t 25 Calle Malagueta Isabela, PR 00662-3202





To. court's Clerk Office
United States District Court Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Tuan, P. R. 00918-1767

Case:17-03283-LTS Doc#:17957-1 Filed:08/24/21 Entered:08/24/21 09:19:55 Desc: Pro se Notices of Participation Page 13 of 28

Participant must provide all of the information below in English:

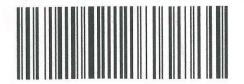
1.

Participant's contact information, including email address, and that of its counsel,

if any: Diana M. Guzman Arocho Participant's Name: Participant's Address: Participant's Email Address: diana 21031@ hot mail . Com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)



Diana Guzman Urb Las 3t 25 Calle Malagueta Isabela, PR 00662-3202 CERTIFIED MAIL



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To. court's Clerk Office
United States District Court Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Tuan, P. R. 00918-1767

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	,		
		Just a pun such	
Participant's Address:	25 Calle Nala	ItE. dall stange	Eddoo. A. P. plades
Participant's Email Address:	diana 210316	as liantala	<u> </u>
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:			
2. Participant's C	Claim number and the r	nature of Participant's Cl	aim:
Claim Number:	137345		S. D. A. C.
Nature of Claim: 3	Public Employer	and fension/R	etime Chims
By: Signature	Jarlen		PH 5: 0
Biana H. Gu	chant cans		Ŭ,
Title (if Participant is	not an individual)		
Date Date			



Diana Guzman Urb Las 3t 25 Calle Malagueta Isabela, PR 00662-3202





To . court's Clerk Office United States District Court Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Tuan, P.R. 00918-1767

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

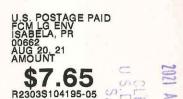
if any: Diana M. Guzman Arocho Participant's Name: Participant's Address: Participant's Email Address: Liana 21031 @hatmail Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 144896 Lexac \$1,700.00 Claim Number: Public Employee and Pension Retires Claims Nature of Claim: Signature Title (if Participant is not an individual)



Diana Guzman Urb Las 3t 25 Calle Malagueta Isabela, PR 00662-3202







To. court's Clerk Office
United States District Court Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Tuan, P. R. 00918-1767

Case:17-03283-LTS Doc#:17957-1 Filed:08/24/21 Entered:08/24/21 09:19:55 Pro se Notices of Participation Page 19 of 28

Participant must provide all of the information below in English:

1.

1. Participant's	contact information, including email address, and that of its counsel,
if any: Participant's Name:	Roberto Cruz-Mena Celle Cediz NC3, Ste. Juanita, BAY. P. R. 00956
Participant's Address:	Celle Cedia NC3, Sta. Juanita, BAY. P. R. 00956
Participant's Email Address	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim Number:	Claim number and the nature of Participant's Claim:
Nature of Claim: By: Signature ROBERTO C Print Name	Retirement Fund of P.R. Bovenunet (F.L.A. 202 MENA 202 MENA 203 MENA 203 MENA 203 MENA 203 MENA 204 MENA 205 MENA 206 MENA 207 MENA 208
Title (if Participant is Date	not an individual) 1 202/

Roberto Cruz Casa 17-03283-LTS Doc#:17957-1 Filed:08/24/21 Entered:08/24/21 09:19:55 Desc: Pro se Notices of Participation Page 20 of 28

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United States District Court, Cherks Office, 150 Ave. Chardon Suite 150, SAN Juan, P.R. 00918-1767

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address: email anthonyrivera 2333 @ gmail com

Participant's Email Address:

Calle 5 H22 Villas de Loiza Campanas PR 00729

Name of Counsel:

N/A

Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-175

Nature of Claim:

By:

Signature

Title (if Participant is not an individual)

08-12-2021

Case:17-03283-LTS Doc#:17957-1 Filed:08/24/21 Entered:08/24/21 09:19:55 Desc:
Pro se Notices of Participation Page 22 of 28

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Court's Clerk Office ""
United States District Court
150 Ave. Carlos Chardon
Ste. 150, San Juan, PR
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Case:17-03283-LTS Doc#:17957-1 Filed:08/24/21 Entered:08/24/21 09:19:55 Desc Pro se Notices of Participation Page 23 of 28

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:		
Participant's Name:	Hadelin Ortiz Ortolaza Jesús T. Pirero We-40 Santa Je Bayanón PR oggsie	acusi la
Participant's Address:		
Participant's Email Address:	madeline 62 - moo @ grail. con	797
Name of Counsel:		SAN STANGE
Address of Counsel:		23 C
Email Address of Counsel:		150 St -
2. Participant's	Claim number and the nature of Participant's Claim:	S C
Claim Number:		
Nature of Claim:	government employee	
By: Condulie Oct. Signature Wadelin Ort	Seletely	
Ubdelin Ort- Print Name	iz Ortolaza	
7 15 7 75		
Title (if Participant is	s not an individual)	
Date)	5071	

Madelin Ottiz Ottola Case: 17-03283-LTS Doc#: 17957-1 Filed: 08/24/21 Entered: 08/24/21 09:19:55 Desc: Pro se Notices of Participation Page 24 of 28

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Unifed States District Court Clerk's Office 150 Que Carlos Chardon Str. 150 Son Juan PR 00918-1767

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: madeline 620 moo @ Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Title (if Participant is not an individual)

Madelin Othir Othola Ease: 17-03283-LTS Doc#:17957-1 Filed: 08/24/21 Entered: 08/24/21 09:19:55 Desc: Pro se Notices of Participation Page 26 of 28

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Unifed States District Court Clerk's Office 150 Que Carlos Chardon Stc. 150 Son Juan PR 00918-1767

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

II ally.		
Participant's Name:	Hadelin Ortiz Ortolaza	V1
Participant's Address:	Isús T. Piñero WE-40 Santa Juan Bayamón PR 00956	140
Participant's Email Address:	madeline 12. moo @ gmail. com	
Name of Counsel:		
Address of Counsel:	*	
Email Address of Counsel:		-
2. Participant's C	Claim number and the nature of Participant's Claim:	~
Claim Number:	not remember	2
Nature of Claim:	government employee	16 20 E
By: Madelie Dets. Signature	artaloga	SP F
Hadem Ortiz Print Name	Ortolaza	C B
Third Cion and		
Title (if Participant is	not an individual)	
Date Date	7091	

Madelin Ottir Ottola Case: 17-03283-LTS Doc#: 17957-1 Filed: 08/24/21 Entered: 08/24/21 09:19:55 Desc: Pro se Notices of Participation Page 28 of 28

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Bayonin PR 10956

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